Nova Scotia Health

CardioVascular HEALTH NOVA SCOTIA

BULLETIN

IMPROVING CARDIOVASCULAR HEALTH OF NOVA SCOTIANS

Volume 5 **Issue 1** **Spring 2010**

Welcome to the Cardiovascular Health Nova Scotia (CVHNS) quarterly e-mail bulletin. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province.

South West Health—Stroke Program Success

South West Health (SWH) started their coordinated stroke program in 2005 as the demonstration district within the province. Since that time, a stroke unit has been developed at Yarmouth Regional Hospital, an interprofessional stroke team provides collaborative care, an Emergency Health Services bypass protocol has been developed for strokes that may meet criteria for t-PA, stroke cases are transferred from Digby and Roseway Hospitals to the acute stroke unit, a stroke secondary prevention clinic has been initiated within the Wellness Centre at Yarmouth, and nurses are providing satellite stroke secondary prevention clinics in Meteghan, Digby, and Shelburne.

The movement to reorganize stroke care is happening in every province across the country as studies and literature indicate that coordinated, clustered stroke care in one site and on one unit provides better outcomes for patients. In 2007, as the Nova Scotia System was beginning to take shape across the province, Cardiovascular Health Nova Scotia (CVHNS) conducted a baseline audit of stroke care in Nova Scotia for the years 2004/2005. This audit captured an image of stroke care before the SWH Demonstration project began in late 2005. Subsequent to this, SWH, in conjunction with CVHNS conducted a follow up audit in that district to look at changes in patient process and outcomes after the reorganization of stroke care had been underway for about a year. This follow up audit captured information on patients with stroke who were discharged between October 1, 2006 and September 30, 2007.

The results of this audit indicate that over a short period of time, it is possible to make significant and substantial improvements in stroke care by enhancing and reorganizing services. Statistically significant improvements were seen in the percentage of stroke patients who received lipid profile testing and carotid imaging in the post stroke program audit. Statistically significant increases were seen in the number of referrals to internal medicine as well as patients seen by physiotherapy, occupational therapy, social work, and nutrition. Other increases in process measures were noted, such as the number of patients receiving neuro-imaging or ECG on admission, although were not statistically significant.

With respect to patient outcomes, there was a statistically significant reduction in neurological worsening for stroke patients in the post stroke unit audit as compared to baseline. This has clear clinical and personal impact for stroke survivors in the district. There was also a significant increase in the percentage of patients discharged home and a significant decrease in the percentage of patients discharged to long term care. The implications for the patient, as well as the cost savings to the health care system by reducing admissions to long term care, are substantial.

What the SWH Demonstration project has shown us is that over a short period of time significant improvements in process and patient outcomes can occur. Currently stroke programs are being implemented or under development in all districts across the province; with continued monitoring across the province, we hope to see similar improvements in care for all stroke patients in Nova Scotia as we move forward.

Learning Opportunities

6th Atlantic Canada Stroke Conference
September 17-18, 2010. Halifax, NS.
www.cme.dal.ca or shelagh.hagan@dal.ca

International Society of Hypertension Meeting
September 26-30, 2010. Vancouver, BC.
www.vancouverhypertension2010.ca

Canadian Cardiovascular Congress
October 23-27, 2010. Montreal, QC.
www.cardiocongress.org

Thrombolysis Masterclass
Online modules for stroke care and thrombolysis developed as part of the NHS STARS Training system. Available for free online at www.strokeadvancingmodules.org/labyrinth_thrombo

Shared Stroke Services
The location of the stroke unit within the districts that will be sharing stroke services has been announced! Across Colchester and Cumberland Health Authorities the acute stroke unit will be located in Truro at the Colchester Regional Hospital. Across Pictou and Guysborough Health Authorities, the acute stroke unit will be located in Antigonish at St. Martha's Regional Hospital. Both pairs of districts are planning to begin to cluster stroke patients from their districts at these sites by the end of 2010.

CVHNS News

Stroke Professional Education
CVHNS has planned a considerable amount of stroke professional education in the last year as part of the Stroke Professional Education Plan. We continue to coordinate 4-5 sessions a year for the College of Registered Nurses of Nova Scotia (CRNNS) Telehealth series that relate to stroke. Our most recent session in March, 2010, on dysphagia, was attended by 74 people. We

provided support for physicians to attend the Canadian Stroke Consortium workshop in Toronto in October of 2009 and provided two continuing education opportunities for rehabilitation therapists from across the province—Neurodevelopmental Training (16 therapists), and the Chedoke McMaster Stroke Assessment Workshop (50 participants). We continue to hold regular stroke forums to bring people together from across the province to discuss, share, and plan around particular topic areas of interest. Most recently, we held a forum on TIA management in January, and a forum on the administration of t-PA for stroke in May, 2010. CVHNS has also provided opportunities for districts to apply for small professional education grants to facilitate local education opportunities.

Our plans for the upcoming year include: continued stroke forums (November 2010, and February 2011), continued CRNNS Stroke Series, investigation of primary care physician opportunities related to stroke secondary prevention, and the dysphagia project follow up, among others. For more details, please contact either Katie White (katie.white@cdha.nshealth.ca) or Corinne Corning (corinne.corning@cdha.nshealth.ca), Stroke Consultants with CVHNS.

Report from t-PA Forum

On May 14th, 2010 CVHNS hosted a Stroke Forum on t-PA administration. The forum was attended by 50 people from across the province that are involved with, or responsible for, the administration of t-PA. Our guest speakers were Dr. Don Brisbin, an internist from Chatham-Kent in Ontario, and Dr. Gord Gubitz, a neurologist here in Halifax. Districts worked to identify barriers and identify solutions to increase uptake of this therapy for acute ischemic stroke in Nova Scotia. Some great discussion was facilitated in the afternoon with key barriers and solutions identified. A report will be developed from this event which will help guide provincial and district level planning regarding t-PA and the development of strategies to support front line and stroke program staff.

News from CEHHA—Launch of Interdisciplinary Hypertension Education Program

Many people are unaware that hypertension is the most common reason to visit a doctor. According to the public health agency of Canada in 2007, 21.1 million visits were made to community physicians in Canada for high blood pressure; 18.1% of the adult population reported having hypertension diagnosed by a health care professional.

CEHHA has recently launched a comprehensive interdisciplinary hypertension education program based on the 2009 Canadian Hypertension Education Program Guidelines (CHEP) which are available at www.hypertension.ca.

Through the CEHHA hypertension program, patients attend three interactive group education classes over the span of three months. The classes are taught by a pharmacist, social worker, physiotherapist, dietitian and a nurse. Topics covered include: stress management, physical activity, smoking cessation, diet, medication and more. Patients are also educated on self-management strategies which include creating a self-management action plan at the end of each

class and problem solving techniques. Patients receive a telephone follow up call by a dietitian after each class to discuss how they are doing with their action plans and answer any hypertension related questions.

As per CHEP (2009) guidelines, hypertension program educators will be recommending to patients that they should see their family doctor every 2 months if they are not in control and follow up every 3-6 months if they are in control. Over the course of the three month program, CEHHA will be monitoring key clinical indicators to determine if the program has had an effect on patients: blood pressure, weight, dietary choices and ability to self-manage their hypertension. The program is being held at the Colchester Regional Hospital as well as Lillian Fraser Memorial Hospital via telehealth. After reaching maximum capacity for the first program starting February 2010, we know there is definite interest and a need for a comprehensive hypertension program in CEHHA and we look forward to reporting our results to the community. For more information contact Kim Oakley Kim.oakley@cehha.nshealth.ca

Helpful Resources

2010 Annual Canadian Hypertension Education Program Recommendations
New 2010 Hypertension best practice tools for professionals are now available. Visit http://hypertension.ca/chep/recommendations-2010.

Hypertension Site for Patients
A website specifically designed for patients with hypertension contains education resources, newsletters, workshops designed for the public. Visit www.myBPsite.ca.

Your Prescription to Health—Exercise is Medicine
This website calls on physician's to assess & review every patient's physical activity program at every visit to ensure physical activity & exercise becomes a standard part of disease prevention and treatment. The site contains many resources for health care providers. Visit www.exerciseismedicine.org.

Stroke Secondary Prevention Best Practice Workshop Toolkit
Developed by the Canadian Stroke Strategy, the toolkit is available free online at www.canadianstrokestrategy.ca/eng/home.html.

Emergency Medical Services Management of Suspected Stroke Patients
Developed by the Canadian Stroke Strategy, this resource is available free online at www.canadianstrokestrategy.ca/eng/home.html.

Stroke Distinction Program
Accreditation Canada is now offering an optional Stroke Services Distinction Program to recognize organizations that demonstrate leadership in stroke care. More information is available online at www.accreditation.ca/accreditation-programs/distinction/stroke services.

CIHI Stroke Special Project #340
On March 8, 2010 Dr. Patrice Lindsay presented to HIM professionals and other interested parties in Nova Scotia about the CIHI Stroke Special Project - a Department of Health mandated project to collect data on five clinical indicators for stroke in every hospital across the province. The presentation focused on how the data should be collected and provided an opportunity to answer some key questions from participants. For those who are interested, the presentation is available online through the Nova Scotia Health Information Management Association's Website. (www.nshima.ca).

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Innovative Ideas

Local AMI Data Now Presented at ACLS and CPR Courses at GASHA

GASHA has decided to add a review of local Acute Myocardial Infarction (AMI) data to the curriculum of all local ACLS and CPR courses offered. They will also utilize the opportunity to remind staff of the importance of rapid assessment and treatment for all AMI patients (door to ECG time of <10 min and door to needle time of <30 min).

Dedicated Transfer Bed in SWH

In order to facilitate transfer and repatriation for patients being sent for cardiac catheterization at the QEII, Yarmouth Regional Hospital has arranged for a dedicated bed on the medical floor for this purpose. SWH has been able to transfer and repatriate patients in 24 hours allowing for a faster turnaround time for others waiting for cardiac catheterization in the province.

Improving Door to ECG and Door to Needle Times at the Tri-Facilities

The tri facilities in CDHA took part in the Safer Health Care Now virtual collaborative to improve door to ECG and door to needle times. A team from the three facilities was formed to look at barriers and solutions to meeting benchmarks at the facilities and targeted three areas for improvement: synchronization of clocks, staff education and tools. Since the care of STEMI patients is so time dependant, it was important to ensure that all clocks in the emergency departments (EDs) were synchronized. Staff now ensure that the clocks, ECG machines and personal watches are all synchronized with the department computers. A reminder sign has been put in all the EDs and the synchronizing of clocks has been added to the checklist of weekly duties. Because the volume of

***New* Rescue PCI Protocol launched April 16th!**

CDHA launched a new rescue PCI protocol in April. The protocol has been developed by the ACS guideline implementation team at CDHA with input from the division of cardiology at the QEII and an EHS Life flight physician.

Approximately 25-30% of patients do not reperfuse after receiving thrombolytic therapy for ST elevation myocardial infarction and the lack of reperfusion results in a high morbidity and mortality compared to those who reperfuse effectively.

It is recommended that all patients receiving thrombolytic therapy have an ECG done at 90 minutes to identify the resolution of ST-segments. If ST segments are persistently elevated (>50% of baseline), the patient should be considered for transfer to the Halifax Infirmary for rescue PCI unless contraindicated. The protocol outlines the steps to take to arrange the transfer. It is recommended that the mode of transportation be discussed between the referring physician, the triage/interventional cardiologist and the Life Flight physician.

Referring hospitals will be asked to repatriate stable patients within 24 hours for further recuperation to free up beds in the Cardiac Care and Cardiac Catheterization Units at the Halifax Infirmary for other tertiary care requirements.

STEMI patients at the tri facilities is low, it is important that staff keep up with education and skills related to treatment of these patients. Lunch and Learn sessions will be offered to all staff of the ED including physicians, registration clerks, and nursing staff and offered yearly thereafter. Sessions on the use of the cardiac monitor for external pacing and defibrillation will be set up weekly and staff will review different scenarios with each other. Finally, myocardial infarction packets are being developed. These packets will include order sets for STEMI and NSTEMI, policies, protocols, flow sheets and blood tubes required for diagnosis and treatment. Cardiovascular Health Nova Scotia's Time is Muscle poster and N.S. Algorithm for Emergency Care of Acute Coronary Syndromes are now displayed in all of the EDs. This quality improvement team will continue to meet regularly to monitor progress in meeting benchmarks for door to ECG and door to needle times.

make a move!

Make a move! is a program delivered by the Heart and Stroke Foundation of Nova Scotia in partnership with NS Department of Health Promotion & Protection and Cancer Care Nova Scotia to support healthcare providers to confidently counsel patients around physical activity. The first step in this program is a 3 hour facilitated and interactive practitioner workshop that provides introduction to the counseling options, a robust toolkit for implementation, and practical counseling activities. A $67.80 fee is charged for cost recovery and includes PACE Can binder, toolkit, workshop, and tax. CEU letter provided. All are welcome! There are a number of Make a Move! workshops scheduled for June. For more information or to register for one of the workshops, contact Fran Dunn, Program Coordinator by phone: (902) 423-7682 x3316 or email: fdunn@heartandstroke.ns.ca

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